	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
	death.	1. PLACE DE DEATH 1. PLACE DE	4431
		a. STATE MOON AND COUNTY	e il
	s after by the pages is after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give pearest town)	nd give nearest town
	S. Pal	SIDLERSVILLE TOCK HALL	14 7
5	24	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM? YES NO 2
	completely ve carbon event, with	3. NAME DE DECEASED (Type or print) FRANK Middle AYRES 4. DATE OF DEATH (OCTORER	Day Year
	comple ve cart event,	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years if UNDER 1	
	execute and col remove n any ev	MALE WHITE WIDOWED DIVORCED 9-14-1812 95 yrs. Months D	ays Hours Min
	be e ician sase r and in	100. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CIT. COUNTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT. COUNTRY	IZEN OF WHAT
	phys phys n plk val, 2	13. FATHER'S NAME 14. MOTHER'S MAIDEL NAME ;	1
	ding The remo	DOMINICK HYRES I CATHERINE CASE	ey
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within y be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely age 3 should be detached for use as the burial-transit permit. Then please remove carbon led with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 220-52-9013 T. BAYARD AYRES = ROCK A	ALL ME
	he d y the sit p matin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	cian.	IMMEDIATE CAUSE (a) COROLLO Y OLA CILLAR LO LA CILLAR	
	es the sign sign rurial urial	Conditions, If any, which by Chrone Tungendicks	
	ing ring range been been to b	gave rise to Immediate cause (a), stating the DUE TD	
	tend tas t as t prior	underlying cause last. (c) Salus Clury	119. WAS AUTDPS
	or at cate hruse ealth	A STATE OF THE STANT CONDITIONS CONTINUOUS THE TOTAL TO THE TERMINAL DISEASE CONDITIONS THE TRANSPORTED TO THE TERMINAL DISEASE CONDITIONS THE TRANSPORTED TO THE TERMINAL DISEASE CONDITIONS THE TRANSPORTED TO THE TERMINAL DISEASE CONDITIONS THE TERMINAL DISEASE CONDITIONS TO THE TERMINAL DISEASE	PERFORMED?
	PHYSICIAN: 1 the hospital this certific detached for e Dept. of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	THE THE T
	YSIC e hos iis co tache Dept.		ty) (State)
	ing PHYSICIAN d by the hospita After this certif 1 be detached f State Dept. of I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 Ar work at work	.,, (5555)
	ined ined ined ined ined ined ined ined	21. I certify that (I) (this hospital) attended the deceased from from 1964 to Out 35, 1967	that (I) (we) la
	ATTI reta reto 83 sh with	saw the deceased alive on 4 19 1947, and that death occurred at 2 M, from the causes and on the	e date stated abov Fe signed
	y be DIR	Willbelle gell a M.D. ATTENDING DIRECTOR STAFF 10/2	26/67
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	22C. PHYSICIAN'S C. H. METCALFE 22d. ADDRESS SUDLERS VILLE	MO
	Page Page D FU direct shoul	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, town or countries of the contribution of the countries of the	ty) (State)
	- E	BIRIAL OCT. 28 Wesley CAPEL LOCK HAL	SIGNATURE
	VR A15 (4) (M)	Edgard di dane = CHURCH HILL MD DIDATERCT 31 1967 Policano	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14433 14427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 ENTREVILLE LENTREVILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 10rm NO NO YES in Item 18. Give-Pages This certificate should be executed within 24 hours after death. 3. NAME OF Middle 4. DATE Month First Year DECEASED OF DEATH GGS CTOBER 6. COLOR OR RACE DATE OF BIRTH (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED event within 72 hours ofter death 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if refired FARM OWNER INDUSTRY COUNTRY? MARYLAND 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service ENDERSON INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO in ony Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of item 18.) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year While of work of work factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autaby and in my apinian Inspection FUNERAL DIRECTOR: death resulted fram: Naturo couses Accident X Suicide Undetermined manner CHIFF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO FUNER Health Address (Street, city, town, or county) NAME (Type 23d. LOCATION (City of Town) (County) (Stote SUDLERSVILLE SUDLERSVILLE 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A 15ME (5) Ocharles

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-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE			
1	£ 1872	1442S. CERTIFICATI		14434
	deat deat	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Residence before admission
	hours after death of in by the funeral fs. Pages 1, and 2 2 hours after death	QUEEN HNNE MARYLAND	a. STATE MARYLAND B. COUNTY	CEN HNNE
	in by t s. Page hours a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CRASONVILLE LIFE	C. CITY OR TOWN (If outside corporate limits, write RU	100 2
	hounged in 2 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS	e. IS RESIDENC
	tely mile than paper within 72	XX '	X.X	YES NO.
	executed within 24.	3. NAME DF OECEASED (Type or print) MARGINRITE MAE	HORNEY 4. DATE Month OF DEATH OCTOBE	P 18 1967
	comple comple ve car event,		8. OATE OF BIRTY 9. AGE (In years IF UN	OER 1 YEAR IF UNDER 24 HR
	any any	FEMALE WHITE WIODWED DIVORCED	106.5-1894 73 yrs.	
	e be e sician lease r	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	11, BIRTHPLACE (County & State, or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
	# 5 m	HOUSEWIFE XX	14. MOTHER'S MAIDEN NAME	USA
	certifica nding ph Then I	GEORGE MILLER	MARY Rose EVAN	VS .
	eath certific attending p ermit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Agdress	200-1111
	dea he a perr tion,	18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c),]	HYMOND MORNEY-GA	RASON VILLE INTERVAL BETWEEN
	aw requires that the death tending physician. The bean signed by the attent as the burial-transit permit, prior to burial, cremation, or	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cute Myoc	eardiel Admition	ONSET AND DEATH
	that rsicia gned lal-tr ial, c	OUE TO		
	ulres g phy si pur bur	Conditions, If any, which (b)		
	law requires that the attending physician. I has been signed been as the burial-trans to purial trans.	cause (a), stating the underlying cause last.		
	he law or atten or atten or as use as alth pric	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO?
	t: The last or at ifficate to use Health	Severe Reunatoid Certhait 202, ACCIDENT WAS UNDERLYING 17 1 206. DESCRIBE HOW INJURY OCCU	tis	YES NO
	HYSICIAN: The hospital or a this certificate letached for use Dept. of Health	203. ACCIOENT WAS UNDERLYING TO 205. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item	H 15.)
	PHYSICI the hos this ce detache e Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	oling Py od by th After t d be de s State	Hour a.m. 19 While Not While 19 at work 19	iy, sa cet, omcosing., etc./	
	retained CTOR: A should with the S	21. I sertify that (I) (this hospital) attended the deceased from		1967, that (I) (we) las
	reta reta 3 sh with	saw the deceased alive on 10-15 196, and that		on the date stated above Date signed
	AL DIRE	1 alph 2 why M.D		0-20-67
	TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22C. PHYSICIAN'S NAME (Type) RALPH E. L'BBY	GRASONVILLE MAI	RYLAND
	Page FUN direc	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 234 LOCATION (City, town of	or county) (State)
	PP	BORIAL OCI. 21 CHESTER	FIELD (CIVTREVIC	TRAN'S SIGNATURE
	VR A15 (4)	(day) (hame) CHILECH HI	LL MDAGCT 2 4 1967 Pelis	Was Judge
	20M 1/65	Carper VI. U James WITORSTITI	2. [040] 21 100]	00

DELLE Shirt Paged Court Amil John John Dieses GAMES ON BURLE SALL SULLY WORKED HARREL WITTERS BER 15 Kg CHARGERITE MAE FORTILE WHITE PAINS - 1894 12 Housewitte Ton Charlena Ush KAYMAND HOKHEY-EAHTONIVICE CITING CARES - CARROLL SANTA BURIAL COLF. 21 CHOTERFICE CONTREVIEWE ME Charles trans Church HILL MORRETT BOX THERE I SEE

		MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P.	NT OF HEALTH Reston Street, Baltimore 1, M	ARYLAND				
		14429 CERTIFICATE OF DEATH						
	1.		RESIDENCE (Where deceased lived, If institution: Re Earyland b. COUNTY A					
		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	TOWN (If outside corporate limits, write RURAL a	and give nearest town)				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET A	ADDRESS	e. IS RESIDENCE ON A FARM?				
0	_	xx	XX	YES ND				
	3.	NAME DF First Middle Last DECEASED (Type or print) Bert Phillip	4. BATE Month DF DEATH Oct	16 19 67				
	5. Ma	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B	1 - 1 61 - 1 - 1	YEAR IF UNDER 24 HRS Days Hours Min.				
	duri	DESCRIPTION (GIVE kind of work done Industry Industry Industry Q.A.	PLACE (County & State, or foreign country) 12. Cli	USA				
	13,	FATHER'S NAME	ER'S MAIDEN NAME					
-	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or, unknown) (If yes give war or dates of service) 212-18-6884 Rembert	Phillips-Barclay, Md.					
	7	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1 DUE TO Curloy	ling Schriss	INTERVAL BETWEEN ONSET AND DEATH FEELE COLUMN 119. WAS AUTOPSY				
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. JENTON (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Part I or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED? YES ND				
- 1	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED About 2De. PLACE OF INJURY Hour a.m. p.m. 19 Not While at work at wor	(Gour Cebldg., etc.) 2Df. (City or town) (Cour	(State)				
		21. I certify that (I) (this hospital) attended the deceased from Juy saw the deceased alive on 19 27, and that death occur 22a. SIGNATURE	22b. DA	7, that (I) (we) las e date stated above TE SIGNED				
			ORECTOR PHYS. 10 DORESS Lersville, Maryland	117/67				
	23a.		DRY 23d. LDCATIDN (Gity, town or coun					
	24.	Si Ci I III MI	Sudlersville, 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE OCT 20 1967 Million	: 10				
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11101		ICAL RESE	MARYLAND STATE D ARCH AND RECORDS, 30	01 W. PRESTON ST	REET, BALTIMORE,	MARYLAND	*	
1443()	WED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH		14434)
I. PLACE OF DEATH				n. STATE	(Where deceosed lived,	if institution: Res	sidence before odmi	ission)
L CITY ON TOWN	Queen Arme (If outside corporate limits,		MARYLAND c. LENGTH OF STAY IN 1b		land		ieen Anne	
write RURAL a	nd give nearest town)				outside corporate limits,	, Write KUKAL ONG	give neorest town	1 7
d. NAME OF HOSP	TAL OR INSTITUTION (If not	in hospital,	Most of Life give street oddress)	d. STREET ADDRESS	ch Hill		e. IS RI	ESIDENC
							YES [A FARM
3. NAME OF DECEASED	Firs	1	Middle	Last	4. DATE OF	Month	Doy	Year
(Type or print)	Clara		Elizabeth	Wells	DEATH	Oct		19 6 DER 24
S. SEX		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	1899 9. AGE (I	rthdoy) Mont		Section 2011
Female 10a, USUAL OCCUPATION	Negro ON (Give kind of work done		IND OF BUSINESS OR		te or fareign country)		2. CITIZEN OF WHAT	
during most of workin		11	Laborer		me County.		COUNTRY?	
13. FATHER'S NAME	, <u>, , , , , , , , , , , , , , , , , , </u>		20000303	14. MOTHER'S MAIDEN	NAME	******	QD25	
	Andrew Park	CETT			Mary Jane	Markin		
(Yes, no, or unknown	VER IN U.S. ARMED FORCES?) {(If yes give war or dates of			INFORMANT		Address		
No				Edith Riley,	Church Hi	11, Md.	TAILLE STATE OF THE STATE OF TH	DETUIC
PART 1. DE	DEATH (Enter only one coust ATH WAS CAUSED BY:		(a), (b), and (c).)	Oxely	pinn		ONSET AN	
723.	IMMEDIATE CAUSE (-	1	1 11 1	1.		50 10	ACK
Conditions, if or	ny, which gove	6) (rleuschert	1 Heart	Klaus		2 40	~
stoting the unc	derlying couse Dut I	IX	14	101	11/		8 yes	
last.		() NATIONALING	TO DEATH BUT NOT RELATED TO	THE TEDMINAL DISEASE C	ONDITION CIVEN IN DAT	OT 1/a)	A ZAW DI	HTOPSY
200. EXTERNAL OF CAUSE OF DEATH	SIGNIFICANT CONDITIONS CO	NIKIDUIMG	TO DEPAIN BUT NOT KELATED TO	THE TERMINAL DISEASE C	UNDITION GIVEN IN PAR	(1 1(0)	19. WAS A PERFO YES	RMED?
200. EXTERNAL		20b. Di	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury i	n Port I or Port II of ite	em 18.)	1112	- 10
PRIMARY OF CAUSE OF DEATH	ONTRIBUTING							
20c. TIME OF IN	JURY Month, Day, Year	20d. 1 While		ACE OF INJURY (Home, fa		r town)	(County)	(Stote
	o.m. 19	of wor	k L at work L					
			nains described abave, h				ond in m	у ор
a eath resu	olted fram: Natural	causes	, Accident , Su		IE [_], Undetern Alexaminer []	nined manner		
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EXAMINER'S	1 John R	Sm;	th Ir (mp	DEPUTY MEDI	CAL EXAMINER			
NAME (Type)	TION. 23b. DATE THER	2605	23c. NAME OF CEMETERY OF		eet, city, fown, or count		(Country)	15000
230. BURIAL, CREMAT REMOVAL (Speci	10/11/		Salem Cemet		23d. LOCATION ((County) A Co. Md/ R'S SIGNATURE	(Stote
1411111 D	1 1 1 2 7 1 7 1 7							

SPT -- 68 P. E. C. Errolt 50 128/23/10/7 Jahren Ditt com Court, No. Andrews Process Country Ann. Committee Co. Money Shift Sitter Obstral Sittle No. We are the second of Control of the first the second of